

Type a plus sign (+) inside this box → ☐

<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;">DECLARATION</div> <div style="margin-top: 20px;"><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing</div>	<div>Attorney Docket Number</div> <div>L.P. 1825</div>	<div>First Named Inventor</div> <div>ARMBUSTER et al.</div>
COMPLETE IF KNOWN		
		Application Number
		Filing Date
		Group Art Unit
		Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PREPARING 1-(6-METHYLPYRIDIN-3-YL)-2-[(4-(METHYLSULPHONYL)PHENYL)ETHANONE

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § .56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
99100590.1	Europe	01/14/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/145,996	07/29/1999	

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/00240	01/13/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name **Fisher, Christen & Sabol**Payor Number
(if applicable)

Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

<input checked="" type="checkbox"/> Please direct all correspondence to:	Name	Virgil H. Marsh	
Address Fisher, Christen & Sabol			
Address Suite 1401, 1725 K Street, N.W.			
City	Washington	State	D.C.
Country	USA	Zip	20006
Telephone		(202)659-2000	Fax (202)659-2015

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Erich	Middle Initial	
Family Name	ARMBRUSTER	Suffix	Prof. Dr.
Inventor's Signature		Date	
Residence: City	Naters	State	
Country	Switzerland	Citizenship	Swiss
Post Office Address: Furkastrasse 64			
City	Naters	State	
Zip	CH-3904	Country	Switzerland
Applicant Authority			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto			

Type a plus sign (+) inside this box →



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Yves	Middle Initial		Family Name	BESSARD	Suffix	Dr.
Inventor's Signature						Date	
Residence: City	Sierre	Country	SWITZERLAND		Citizenship	SWISS	
Post Office Address: Rothom 14							
City	Sierre	Postal Code	CH-3960	Country	SWITZERLAND	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	David	Middle Initial		Family Name	KUO	Suffix	
Inventor's Signature						Date	
Residence: City	Radnor, PA	Country	U.S.A.		Citizenship	U.S.	
Post Office Address: 651 Limehouse Road							
City	Radnor, Pennsylvania	Postal Code	19057	Country	U.S.A.	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	James	Middle Initial	E	Family Name	LERESCHE	Suffix	
Inventor's Signature						Date	
Residence: City	Visp	Country	SWITZERLAND		Citizenship	SWISS	
Post Office Address: Kleegartenstrasse 25							
City	Visp	Postal Code	CH-3930	Country	SWITZERLAND	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ralf	Middle Initial		Family Name	PROPLESCH	Suffix	
Inventor's Signature						Date	
Residence: City	Eyholz	Country	Switzerland		Citizenship	GERMAN	
Post Office Address: Walligrundstrasse 21							
City	Eyholz	Postal Code	CH-3931	Country	SWITZERLAND	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Jean-Paul	Middle Initial		Family Name	RODUIT	Suffix	
Inventor's Signature						Date	
Residence: City	Grone	Country	SWITZERLAND		Citizenship	SWISS	
Post Office Address:							
City	Grone+	Postal Code	CH-3979	Country	SWITZERLAND	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		Country			Citizenship		
Post Office Address:							
City		Postal Code		Country		Applicant Authority	